

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 169

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Female			

DATE OF BIRTH* August 24, 1924
(Month) (Day) (Year)

FULL NAME Jose Ramirez FATHER

FULL MAIDEN NAME Gorgonia Parra MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Consuelo Ramirez
(Give name in full) (Surname)

Gorgonia Parra
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

399-824-771